Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>8-4-08</u>	Address:	21 <u>6 W 9th</u>
Case #:	35F280 <u>37</u>		Bicknell
County:	Knox		<u>In</u>
Operati	aboratory Seizure (check one) onal Lab cal/Glassware/Equipment (only) ite (only)	Seizure Location (Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that appty)			
Child under age 18 discovered (check one) Yes (number present) No			
Investigating Officer: <u>Doug Humphrey</u> Phone <u>812-867-2079</u>			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case tile, and a copy sent to the Claudestine Laboratory Team Leader for retention.